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Abstract: This article explores how lesbian and gay clinical psychology trainees attempted to integrate their personal identity with their developing professional identity. Three gay and six lesbian trainees were recruited by snowball sampling and via a lesbian and gay student website. Data were collected through semi-structured interviews and interview transcripts were analysed using an Interpretative Phenomenological Analysis. A number of themes were identified relating to the dilemmas of personal and professional integration. Participants' knowledge and experience of lesbian and gay issues created tensions between holding specialist knowledge and being a student, which were managed by monitoring disclosure. Further barriers for personal and professional integration included a lack of staff support and displays of anti-lesbian/gay sentiment by course staff, supervisors, lecturers and peers. These findings suggest that courses have yet to meet the British Psychological Society's (2002) accreditation guidelines, which encourage diversity within trainee cohorts and the facilitation of personal and professional integration. Guidelines for course development and directions for future research are presented.
Keywords: lesbian, gay, professional and professional integration, identity.

Introduction

The British Psychological Society's (BPS) accreditation guidelines (2002) for clinical psychology training specify that courses encourage diversity within trainee cohorts, promote reflective skills in trainees and provide support for personal and professional development (PPD). There is much variety in how PPD is defined and implemented, but Gillmer and Marckus (2003) found that most courses 'understood PPD to be concerned with self-awareness and the effect of individual history and training on professional development' (p.21). Training to be a psychologist is no longer seen as a matter of acquiring skills and theoretical knowledge; rather, 'that psychology as a science address the subjective and personal engagement of students in its professional education' (Carrere & Weiss, 1988 p.151).

Scaife (1995) suggests that to undergo training is to 'subject oneself to a process which demands individual change and development' (p.32). To develop and 'own' a professional identity, White (1989/1990) proposes that trainees 'must recruit their own lived experience ... to fill the gaps in the

story, and resolve, for themselves, any inconsistencies and contradictions' (p.85). Thus 'the story' of being a psychologist is 're-authored' into an individualised professional identity.

The professional identity for trainees from minority groups is at risk of developing at the exclusion of the relevance and strengths held in their personal identity. For example, Patel (1998) elicited black therapists' reflections on training and found they 'had not been encouraged to discuss ... issues of difference. It was as if the denial of differences ... became a feature of professional identity ... [leading to] two differing self-perceptions: a professional and a personal identity' (p.14). Trainees may feel reluctant to raise topics related to their personal identity in case it seems self-indulgent or of 'personal' rather than 'professional' importance. For example, the scientist-practitioner model of training (the predominate paradigm in contemporary clinical psychology training in the UK) has been accused of neglecting the personal in preference to the professional identity (Pilgrim & Treacher, 1992). This may be particularly pertinent to 'minority group' trainees given that the normative professional stance is already white, heterosexual, middle-class and able-bodied (Halsey & Patel, 2003). However, the experience of negotiating these two valued identities can act as an opportunity for growth, providing the individual with an increased range of coping strategies for dealing with future challenges and an increased sense of self-efficacy (Milton & Coyle, 2003).

Trainees who identify as lesbian or gay (LG) may find personal and professional integration (PPI) particularly challenging given the heterosexism and homophobia that has been documented in the profession (for example, Kitzinger, 1997). The literature on the working lives of LG psychologists (for example, Griffin & Zukas, 1993) suggests that trainees face additional stressors, such as disclosure decisions, monitoring of other people's attitudes, feelings of invisibility and being silenced and disconnection between their personal and professional lives. Another difficulty is when professional values appear to clash with personal ones. For example, Brown (1994) reflects that 'I was simultaneously becoming expert in a perspective that had traditionally devalued women, and planned to return, once trained, to a community where valuing women was the highest ethical statement that could be made' (pp.11–12).

All trainees are also in the subordinate position of student and negotiating the roles of student and employee has been reported as a common role conflict during training (Cheshire, 2000). Additional stresses comes from the practical aspects of training (for example, travelling to and from clinical placements), with Cushway (1992) finding that 48 per cent of trainees reported moderate stress, while 27 per cent reported they were very stressed.

Within the sparse literature on trainees' experiences (Pilgrim & Treacher, 1992), even less has been written about the experiences of trainees from minority groups, with a handful of exceptions by trainees from ethnic minorities (for example, Patel, 1998) and lesbian trainees (for example, Daiches, 1998). This study aimed to investigate to what extent LG trainees' sexual identity shaped and was integrated into their developing professional identity as a clinical psychologist. It also addressed what opportunities and constraints were presented by their attempts at integration and what support or obstacles were met.

Method

Participants

Six lesbian and three gay trainees agreed to participate. They were recruited by snowball sampling in the trainee and LG communities and via a LG student website. All participants were white Europeans, ranging in age from 25–38 years (Mean=29) and spanned all three years of training on six different clinical psychology courses. Participants' names have been replaced by pseudonyms and their course locations are not mentioned to protect anonymity.

The interview

Participants were interviewed in their home or workplace. The interviews were semi-structured and lasted about an hour; they were audio-recorded and subsequently transcribed.

Participants were encouraged to describe their experience of training and the meaning they attributed to events they raised. Therefore, the order of topics discussed and time spent on each topic varied between participants. The three key areas explored with each participant were:

1. The level of disclosure about sexuality in different course contexts and what informed these decisions.
2. Challenges and advantages that holding a lesbian or gay identity brought to training and the coping strategies used to tackle these.
3. Views on the profession's historical and current stance on homosexuality and the impact this had on forming a professional identity.

Analysis of interviews

An Interpretative Phenomenological Analysis (IPA) of the transcripts was conducted following Smith, Jarman and Osborn's (1999) recommendations. The first transcript was categorised into themes, which were then developed, added to and extended with subsequent categorisations of the remaining transcripts. The resulting themes were checked for validity against the original transcripts and with participants via e-mail.

Results

The IPA identified a number of key themes relating to PPI: 'Negotiating personal/professional integration', 'To speak or stay silent', 'Differences between lesbian and gay trainees' and 'Support from course staff'.

Personal/professional integration

All the participants considered their PPI to be important: 'I think you have to bring in connections with your own life. You know, we didn't just fall off Mars and suddenly decide to be psychologists' (Anne).

This had an added importance because participants identified strengths attached to their sexual identity: 'I think that has really made me much more open-minded and a lot more empathic in terms of minority groups' (Luke).

However, training courses seemed to thwart the process of PPI.

The scientist-practitioner model of training was commented on by a number of participants as hindering them in their PPI: 'It is a scientist-practitioner course and it is not a course that spends a lot of time thinking about people's personal lives or individual development in relation to what they do' (Faye).

There was more support for PPI on courses that practised the reflective-practitioner model (Schön, 1987), although this did not necessarily extend to placements. The limited opportunities provided by courses for the development of PPI meant an important part of participants' training experience was not addressed and therapeutic dilemmas about clients were sometimes left unanswered: 'He said 'I find you attractive, how do you feel about me?' ... I was really anxious about what I was doing and maybe I was giving off these signals or maybe ... I wasn't being professional?' (Mark).

This lack of PPI also left some participants worried about where to work after qualifying: 'There might be some organisations that I would think twice about going to work for, which probably would be the more traditional psychoanalytic kind' (Lucy).

However, many participants found a means of developing their PPI outside their course, by following interests that related to their sexuality: 'I have come across ideas and papers and people that I wouldn't have come across just by plodding through my training, so I think it has added a whole dimension to my training' (Faye).

Some participants also specifically chose course assignments that allowed them to use course time to explore these issues: 'I found it quite useful to be able to spend time that was course time or study time and looking at things that I felt ... would be really useful for me to develop' (Mary).

This active commitment to self-driven learning is a model recommended by Bender (1995), where trainees are treated as 'adult learners', taking responsibility for their level of study based on gaps in their knowledge, thus allowing them to integrate existing knowledge and other resources into their training. Bender recommends that courses move away from the philosophy of

'Do what you're told and you'll pass' (p.40), which heightens the sense of trainee subordination that participants felt often curtailed their PPI. As John observed: 'You want to seem fairly bland, toeing the line, because you want to pass'.

Negotiating personal/professional integration

In negotiating their personal and forming professional identities, most participants evaluated the content of psychological teaching and practice: 'I am still uncomfortable with and critical of psychoanalytic concepts and models of sexuality and sexual development ... as well as the kind of statistics of different colleges in accepting lesbian and gay people' (Faye).

A few participants also re-examined the meaning of their sexual identity: 'I had to go through that process of really clarifying things for myself so that I could talk more coherently to others' (Mary).

Participants considered such re-examination a strength and an opportunity for growth.

For the majority of participants, their lesbian or gay identity was highly valued: 'I think it is important that I am honest about who I am and that is part of who I am' (Mark); 'I wouldn't take a pill to be a straight trainee' (Faye), which meant that the aspects of psychology that were perceived as clashing were discarded. For example, Anne, who used the identity labels of 'queer' and 'lesbian' interchangeably, had chosen to move: 'away from CBT [cognitive behavioural therapy] ... getting out of compartmentalisation'.

For one participant, removing the perceived clash was so significant that she had decided not to apply for clinical psychology jobs: 'I don't want to apply for psychologist jobs and part of that is looking at the history of psychology and things that it has found pathologising' (Mary).

However, for another participant, the value of being a psychologist was given greater salience than his sexuality: 'I am drawn toward the psychoanalytic model which I think in many ways would pathologise homosexuality more than any other model' (Luke).

Within this sample, this was a unique position as other participants tended to consider those who pathologised homosexuality as having the problem: 'I'm pretty out and I think it's their problem' (Jane).

To speak or stay silent

One of the main obstacles to PPI was disclosure about sexuality, particularly as all participants encountered anti-lesbian/gay attitudes: 'There is another trainee who is gay and I heard how they talked about that ... it was like 'Oh this person needs to say their sexuality because they want therapy'' (Anne).

Participants were aware that others could potentially see their sexuality as the dominant part of their identity: 'Everyone assumes that has to be your biggest area of difference ... expectations that I am going to have certain beliefs that I won't necessarily have' (Anne).

Goffman (1963) describes such a loss of individuality when those who are stigmatised speak about issues pertinent to their group membership. There was an element of this in third years' accounts, having reached a point of choosing not to speak about LG issues: 'I am not quite as vocal as I could be ... when issues arise on courses or in lectures that you want to pick up on, then I suppose I am conscious of being labelled 'the gay trainee' who always has to talk about gay issues' (Mark).

Having neared the end of their training, these participants' goal was to finish their course as smoothly as possible: 'I tend to be quite militant about equality and sexuality issues. It's just that in training I have learned not to be because I don't think it is helpful for me ... I need to get through the course without setting up more obstacles' (John).

This was a shift from the first few years of training, when participants described alternative strategies to speak by embedding their views within more general comments about difference, thus avoiding being positioned as an 'expert': 'I might ... say things in a more general way - like 'Maybe it would be useful to think about this in relation to gender, sexuality, race'' (Lucy).

Some participants felt supported enough by peers and friends to campaign for change on their courses, to insist their integration needs were taken seriously: 'I was saying 'And you don't look at sexual orientation very well' ... I think it had just

built up to a point that they had to do something' (Mary).

This was less likely to happen in placements or written work where participants were being directly assessed: 'Because I am being assessed, I think I would need to think quite carefully about if I was going to do it' (Lucy).

Trainees appeared to be more proactive in disclosure decisions than is suggested in the literature (for example, Coyle, Milton & Annesley, 1999), which reports feeling silenced as a frequent occurrence. Participants planned keeping quiet as a strategic move, either while they were assessing the safety of disclosure or if they considered that there would be no benefits to speaking: 'To be quite quiet and see how the ground lies before I put myself into the equation' (Jane).

Keeping quiet was used as a strategy to avoid stress, as speaking brought risks of feeling marginalised in the peer group or expectations of negative repercussions from supervisors and course staff: 'I have protected myself from any potential negative outcome but on the other hand I don't actually know if there would be any' (Lucy).

Keeping quiet was considered a temporary situation, either because training would soon be ending or there were opportunities for expression outside the course: 'A couple of my best friends are queer theorists ... they can kind of speak about it in a different language and a stronger language' (Anne).

This decision-making process meant that all participants had times when they challenged and times when they chose to stay silent. Therefore, participants altered the level of potential integration according to the assessed safety of the situation.

Differences between lesbian and gay trainees

The invisibility of gender issues in psychology could be why lesbian visibility was an important consideration for almost all of the lesbian participants, who reported that their 'invisibility' made disclosure more difficult: 'Because I don't look like a lesbian, so I do have to say more than other people might have to' (Jane).

A few participants saw their assumed heterosexuality as a way of avoiding potentially difficult situations: 'I suppose there is always that idea that somebody may not want to work with you if they knew you were gay' (John).

While this allowed participants to assess the safety of disclosure, this ideology also created a double-bind in that it reaffirmed the unquestioned dominance of heterosexuality. One trainee considered that her appearance fulfilled stereotypical constructions of what a lesbian looks like (i.e. having short hair and not wearing make-up): 'The way I look it is quite obvious about my sexuality' (Amy).

Unfortunately on one occasion she was publicly humiliated because of a member of staff's reaction to her appearance: 'I turned up a few minutes late and ... the clinical psychologist who was leading the group said 'What do you want, Sir?' and I said 'I am actually a trainee on this course' and as soon as I spoke I think she realised I was a woman and realised she had made quite a horrible gaff in front of my whole peer group' (Amy).

Lesbian invisibility extended into the staff group. All the gay staff members mentioned by participants were men, except for one lecturer who was not 'out' on the course but who was known socially to a participant: 'She was living her life very differently to how I live mine, yet I had this big secret with her' (Mary).

There may have been other lesbian or bisexual women in the staff teams of the six courses that were not comfortable being 'out' at work. It could be speculated that the patriarchy within psychology (Nicolson, 1992) results in PPI being harder for lesbians than gay men. In addition, in psychology there are fewer women in academic staff teams (Kagan & Lewis, 1990). This has implications for the support offered to lesbian trainees by gay male and heterosexual staff in the absence of lesbian role models, particularly as Townsend, Wallick and Cambre (1993) found that lesbians were less likely than gay men to use support groups and find lesbian or gay mentors.

Support from course staff

Participants often reported feeling alone in developing their PPI, not getting the support they had hoped from course staff: 'I think unless they were

gay or particularly tuned into this kind of issue I am not sure that I would get more from them than from peer support or from housemates or my partner' (Amy).

Some staff were perceived as inaccessible for support, when participants felt they demonstrated beliefs that LG issues were irrelevant or problematic: 'I just sort of mentioned it to her [staff member] and she seemed very kind of anxious about it ... I think she saw it maybe as kind of a problem I was bringing when I wasn't' (Anne).

Similarly, Evans, Wall and Bourassa (1994), cited in Lark & Croteau, 1998), found that only one third of American LG graduate students identified course staff as a source of support.

The perceived unavailability of course staff is a lack of an important resource, as the literature on professional socialisation (Bucher & Stelling, 1977) stresses the importance of mentors and role-models for assisting professional development. For example, one participant mentioned that knowing that a key proponent of cognitive therapy was a lesbian made him more comfortable with cognitive-behavioural ideas. LG staff potentially play an important role in providing examples of PPI, as well as practical advice concerning LG perspectives in clinical work, research and career planning concerns, such as identity management in interviews (Lark & Croteau, 1998). These participants had hopes and expectations that LG staff would provide this advice: 'Because I know that they are gay, I know that they would know where I was coming from' (Luke).

They were disappointed that those they approached did not offer this: 'I probably could have done with a bit more discussion but it was not something he really wanted to take forward ... I think he is keen not to be identified with gay issues because he is a gay person' (Faye).

Lark and Croteau (1998) suggest that LG staff acknowledge the expectations placed on them 'to address the resulting dynamics with students more directly and avoid misunderstandings' (p.770). However, direct conversations are only possible if LG staff are open about their sexuality. The pressure to be a role-model may force staff into the position of expert or it may become their dominant identity marker, in much the same way as it did for participants.

Participants did find some support from heterosexual course staff, peers and supervisors: 'I went to my academic tutor and started talking to her about it [issues facing LG trainees] and she took it to various meetings' (Jane).

Lark and Croteau (1998) suggest that heterosexual 'allies' should be mindful about 'their own identity as an ally, including making decisions regarding the level of disclosure they are willing to make about their affirmative stance' (p.772). For example, heterosexual allies may find themselves in situations where they have to defend their position or LG rights and so need to have thought through such issues.

Recommendations for courses

This research points to a number of implications for training courses. Participants felt that they had little space to discuss their PPI. Training courses need to consider how best to support trainees in this task, in line with the BPS accreditation guidelines. A number of different models exist, ranging from individual developmental tutors (Allen, Austin, Palmer & Street, 1994) to reflective-practitioner groups (Walsh & Scaife, 1998). Whichever model is favoured, students need to be encouraged and provided with opportunities to integrate their strengths and existing knowledge (Bender, 1995).

For trainees who choose not to disclose their sexuality, courses have a responsibility to consider barriers that might make the training environment feel unsafe. This includes ensuring there are anti-lesbian/gay discrimination policies in equal opportunities guidelines and that both internal and external lecturers take a non-heterosexist or homophobic stance, i.e. not promoting homophobic theories of homosexuality and including LG issues in lectures and case studies. This may require further training for course staff and external speakers, who might be helped by guidelines or workshops. In addition, courses need to assess the support and training needs of all staff regarding their role as potential advisors for LG students. Supervisors might also appreciate training in the reflective-practitioner model so that this work can continue on placements.

While it is important to have lectures on working with difference and diversity, LG issues (and those of other minority populations) should be included throughout all training modules so that they are not considered 'special' or 'additional', thus breaking down some of the invisibility that exists for LG lives. Heterosexual trainees also require support to explore and acknowledge the influence of their sexuality. There are a few training resources available that address this (for example, Rochlin, 1992), as well as some excellent models to assist white clinicians address their privileged power position (for example, Patel *et al.*, 2000) that could be adapted.

Research implications

It would be interesting to investigate the pressures on LG course staff from peers and students and whether they negotiate similar challenges around PPI. This could include investigating whether lesbians have additional pressures because of patriarchy in the profession, or whether gay men experience a 'buffer' effect to discrimination because of possible patriarchal privileges. Similarly, further investigation is warranted into the interactions between gender, ethnicity and sexuality on disclosure decisions and PPI for staff and trainees. It might also prove interesting to investigate the challenges to PPI faced by heterosexual trainees and whether these differ from trainees in minority positions. In addition, a study using discourse analysis could address how trainees construct their professional identity in terms of whether they use personal frames of reference or professional grand narratives, such as the scientist-practitioner model.

Conclusion

This investigation found participants attempted to integrate their personal and professional identities but faced a number of obstacles presented by their training environments. Certain courses and staff approaches presented challenges to PPI; for example, trainees on scientist-practitioner-led courses found PPI more difficult. Trainees developed sophisticated strategies in assessing the safety of identity disclosure and whether to challenge or stay silent. This meant that in placements and written work trainees were more cautious about using ideas and resources brought by their sexual identity. Many participants sought instrumental and emotional support external to their course. Lesbians commented on the importance of visibility and it was speculated that patriarchy within the profession contributed to this.

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